

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20103

State File No.

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>RURAL - BOLES</u>		c. CITY OR TOWN <u>CATAWISSA</u>	
c. LENGTH OF STAY (in this place) <u>4035 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
e. STREET ADDRESS		(If rural, give location) <u>0300 D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u> b. (Middle) <u>F.</u> c. (Last) <u>Bohlmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-8-1956</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-19-1906</u>
9. AGE (in years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during last 12 months of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>RAYMOND - ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>EDWARD BOHLMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MOSS</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLOTTE BOHLMAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Bohlman</u> ADDRESS <u>Catawissa</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <u>Coronary Thrombosis</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Catawissa Calvey Franklin Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 8 1956 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Dropped lead in house</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest L. Oltmann Coronist</u>	23b. ADDRESS <u>Henes Mo</u>	23c. DATE SIGNED <u>July 8, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>7-11-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CATAWISSA MO</u>
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DATE REC'D BY LOCAL REG <u>July 11-56</u>	REGISTRAR'S SIGNATURE <u>Mary B Gross</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schum Funeral Home</u> ADDRESS <u>Raymond Illinois</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

40

1961 2.8 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.